U:S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name KYLE E BRAGG	Name SEIU LOCAL 32BJ	
	Labor Organization File Number 0 1166	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 101 AVENUE OF AMERICAS	Street 101 AVENUE OF AMERICAS	
City NEW YORK	City NEW YORK	
State New York ZIP Code + 4 10013	State New York ZIP Code + 4 10013	
5. Position in labor organization. VICE=PRESIDENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	, in religion.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed / Signed	On 7/29/2005 212-388-3594	
	Date Telephone Number	
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Name of Person Filing KYLE BRAGO	3		File Number U-	:
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including	trade name, if any).	9. Business deals with:		
Name BLDG SERVICE 32B THOMAS Trade Name, if any:	SHORTMAN TSS FUND	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any Street 101 AVENUE OF AMERICAS		C. Employer		
City NEW YORK State New York	ZIP Code + 4 10013			
10. If 9.b. or 9.c. is checked give trust or er Name SEE ATTACHED SCHEDULE A Trade Name, if any: P.O. Box, Bldg., Room No., if any		11.a. Nature of such deal	_	
Street				·
City		11.b. Approximate dollar val		NOT KNOW
State	ZIP Code + 4	12.a. Nature of interest he ATTENDED ANNUAL FO AWARDED SCHOLARSHI	IND LUNCHEON HONORING	PARTICIPANTS
		12.b. Amount.		\$115
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Lai (including trade name, if any).	por Relations Consultant	14.a. Nature of payment.		
Name				
Trade Name, if any:	ŀ			
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			

14.b. Amount of payment.

?

or Consultant

13.b. is the Business an Employer

The business is a Taft-Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of Employers in the New York real estate industry. The Employers and the Union make contributions to the Fund, and Union employees are fund participants.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name SERVICE EMPLOYEES 32BJ NORTH PENSION FUND			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	C. Employer		
Street 101 AVENUE OF AMERICAS	c. Employer		
City NEW YORK			
State New York ZIP Code + 4 10013			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SEE ATTACHED SCHEDULE A	SEE ATTACHED SCHEDULE A		
Name and Withcurd Actorophy A			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value of such dealing. DO NOT KNOW		
·	12.a. Nature of interest held or income received. ATTENDED SERVICE EMPLOYEES 32BJ NORTH PENSION FUND		
State ZIP Code + 4	BOARD OF TRUSTEES AT WHICH LUNCH WAS SERVED.		
	12.b. Amount. \$35		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

File Number U-

Name of Person Filing KYLE BRAGG

The business is a Taft-Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of employers in the New York real estate industry. The Employers make contributions to the Fund.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BUILDING SERVICE 32BJ HEALTH FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 AVENUE OF AMERICAS City NEW YORK State New York ZIP Code +4 10013	9. Business deals with: X a. Labor Organization b. Trust C. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SEE ATTACHED SCHEDULE A Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. SEE ATTACHED SCHEDULE A	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. DO NOT KNOW 12.a. Nature of interest held or income received. ATTENDED BOARD OF TRUSTEES MEETING AT WHICH LUNCH WAS SERVED.	
C Described from any amplement (after the property of the property)	12.b. Amount. \$27	
C. Received from any employer (other than an employer covered under	er parts A and B above)	

or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name SERVICE EMPLOYEES 32BJ NORTH PENSION FUND			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street 101 AVENUE OF AMERICAS	C. Employer		
City NEW YORK			
State New York ZIP Code + 4 10013			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SEE ATTACHED SCHEDULE A	SEE ATTACHED SCHEDULE A		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. DO NOT KNOW		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	ATTENDED SERVICE EMPLOYEES 32BJ NORTH PENSION FUND ANNUAL PENSIONERS LUNCHEON AT WHICH LUNCH WAS SERVED.		
	12.b. Amount. \$40		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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State

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